

USFK REGULATION 40-4

MEDICAL SERVICES (40)

Medical Support and Evacuation Request Procedures

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UNITED STATES FORCES, KOREA
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Medical Services

MEDICAL SUPPORT AND EVACUATION REQUEST PROCEDURES

SUPPLEMENTATION. Supplementation of this regulation and establishment of command and local forms are prohibited without prior approval of HQ USFK, ATTN: FKMD-OPS, Unit #15237, APO AP 96205-0010.

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INTERNAL CONTROL SYSTEM. This regulation does not contain management control provisions.

1. PURPOSE. This regulation establishes procedures for requesting air ambulance evacuation, ground evacuation, and medical support in the Republic of Korea (ROK). It explains responsibilities, patient precedence categories, personnel authorized to accompany a patient during an evacuation, and the format for requesting medical support that exceeds unit capability with time guidelines. Additionally, it updates telephone numbers, frequency modulated (FM) radio frequencies, submission of medical support procedures, and the medical officers in-flight responsibilities.

2. APPLICABILITY. This regulation applies to all components of United States Forces, Korea (USFK).

3. REFERENCES.

a. Required publications.

(1) USFK Reg 95-4 (Procedures for Requesting and Allocating Army Aircraft Support for Administrative and Tactical Operations and Civil/Military Emergencies). Cited in paragraph 7b.

*This regulation supersedes USFK Reg 40-4, 30 June 1992.

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(2) AR 385-95 (Army Aviation Accident Prevention). Cited in paragraph 8.

b. Related publications.

(1) AR 40-3 (Medical, Dental, and Veterinary Care).

(2) DOD 4515.13-R (DOD Air Transportation Eligibility Regulation).

4. EXPLANATION OF ABBREVIATIONS. Abbreviations used in this regulation are explained below.

EUSA	Eighth United States Army
FM	frequency modulated
MEDEVAC	medical evacuation
MTF	medical treatment facility
NRI	net radio interface
TMC	troop medical clinic
ROK	Republic of Korea
U.S.	United States (of America)

5. RESPONSIBILITIES.

a. The USFK Surgeon will--

(1) Establish policies and procedures to ensure that adequate, professional medical support and medical evacuation (MEDEVAC) are provided throughout the ROK.

(2) Receive, review, and validate requests for medical support.

b. The Commander, 18th Medical Command, will provide medical support within the capabilities of USFK non-divisional units that do not have organic medical assets.

c. The Commander, 2d Infantry Division, will provide medical support for assigned units or units under its operational control using organic capabilities. In certain situations, the 2d Infantry Division will provide medical support for units outside its jurisdiction. These requests will be considered in accordance with (IAW) existing 2d Infantry Division operational procedures and regulations.

d. Organizations requesting medical support or evacuation will--

- (1) Comply with the procedures for requesting air ambulance evacuation at appendix A.
- (2) Comply with the procedures for requesting ground ambulance evacuation at appendix B.
- (3) Comply with the procedures for requesting medical support at appendix C.

6. CONCEPT OF MEDICAL SUPPORT. To properly manage limited medical resources, priority for medical coverage and evacuation will be given to actual patients and to units conducting operations for training that is potentially hazardous such as ranges, airborne operations, and field training off an installation. Events such as change of command, physical fitness tests, or recreational team sports are not considered life or limb threatening. Normally these events will not receive on-site medical support. In the event of unique or special circumstances (extreme temperatures), an exception to policy should be requested. For low risk events, units are encouraged to use combat lifesavers and/or establish direct communications with the nearest medical facility.

7. ELIGIBILITY. Medical Evacuation is authorized for the following categories of personnel:

a. Department of Defense (DOD) service personnel, their dependents, U.S. Embassy and Consular personnel, Korean Augmentation to U.S. Army personnel, and Korean civilian employees injured in the performance of duty. The MEDEVAC requests for these patients, regardless of patient category or the flying conditions, are processed through appropriate medical channels to the nearest MEDEVAC unit operations.

b. Foreign nationals, non-DOD civilians and ROK military. These patients are processed as described in USFK Reg 95-4, paragraph 11(b), with the Commander, 18th Medical Command being the approval authority.

8. SPECIAL CATEGORIES. All crewmembers involved in aviation accidents (with or without injuries) will be evacuated utilizing MEDEVAC IAW AR 385-95, paragraph 1-5, b(3).

Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to the Commander, USFK, ATTN: FKMD-OPS, Unit #15237, APO AP 96205-0010.

FOR THE COMMANDER:

OFFICIAL:
RICHARD F. TIMMONS
Lieutenant General, USA
Chief of Staff



JOHN A. HALL
Assistant Adjutant General

3 Appendixes

- A. Request for Air Ambulance Evacuation
- B. Request for Ground Ambulance
Evacuation
- C. Request for Medical Support

DISTRIBUTION:

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APPENDIX A

REQUEST FOR AIR AMBULANCE EVACUATION

A-1. AEROMEDICAL EVACUATION SUPPORT. The 52d Medical Battalion, a subordinate unit of the 18th Medical Command, provides aeromedical evacuation support to USFK through the 377th Medical Company (Air Ambulance) and the 542nd Medical Company (Air Ambulance) from four locations within the ROK.

a. **Camp Casey (Tongduchon).** The 542nd Medical Company (AA) maintains a standby crew at H-252 co-located with the 2d Infantry Division Troop Medical Clinic.

(1) **Telephone requests.**

(a) Through Camp Casey Troop Medical Clinic (TMC). 730-3822/6152/3998

(b) Alternate through Division Tactical Operations Center. 732-8950/8949/8948

(2) **Radio requests.**

***NOTE: THE PRIMARY MEANS OF REQUESTING MEDEVAC IS THROUGH TELEPHONIC COMMUNICATIONS. DUE TO LINE OF SITE LIMITATIONS, THE USE OF FM 43.20 FOR REQUESTING MEDEVAC MAY OR MAY NOT BE SUCCESSFUL. THE USE OF 43.20 FM IS FOR MEDEVAC REQUESTS ONLY. THE MEDEVAC AIRCRAFT NORMALLY WILL NOT MONITOR 43.20 FM DUE TO ADMINISTRATIVE REASONS, SUCH AS FLIGHT FOLLOWING. ONCE THE MEDEVAC AIRCRAFT ARRIVES AT THE PICKUP SITE, THE AIRCREW WILL CONTACT THE UNIT ON THE REQUESTING/SUPPORTED UNITS FREQUENCY, CALL SIGN AND SUFFIX.**

<u>CALL SIGN</u>	<u>FREQUENCY</u>
DMZ DUSTOFF	FM 43.20
Casey 39	FM 33.55
North Radio	FM 35.00
Warrior Radio	FM 37.60
Evenreach Radio	FM 36.25

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b. **Camp Page (Chunchon).** The 542nd Medical Company (AA) is headquartered at A-306. Its flight operations, service platoon and flight platoons are co-located within the Unit Headquarters. The 542nd maintains a standby crew at A-306 co-located with the Unit Flight Operations.

(1) **Telephone requests.**

DMZ DUSTOFF Flight Operations.	721-5660/5151
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(2) **Radio requests.**

***NOTE: THE PRIMARY MEANS OF REQUESTING MEDEVAC IS THROUGH TELEPHONIC COMMUNICATIONS. DUE TO LINE OF SITE LIMITATIONS, THE USE OF FM 43.20 FOR REQUESTING MEDEVAC MAY OR MAY NOT BE SUCCESSFUL. THE USE OF 43.20 FM IS FOR MEDEVAC REQUESTS ONLY. THE MEDEVAC AIRCRAFT NORMALLY WILL NOT MONITOR 43.20 FM DUE TO ADMINISTRATIVE REASONS, SUCH AS FLIGHT FOLLOWING. ONCE THE MEDEVAC AIRCRAFT ARRIVES AT THE PICKUP SITE, THE AIRCREW WILL CONTACT THE UNIT ON THE REQUESTING/SUPPORTED UNITS FREQUENCY, CALL SIGN AND SUFFIX.**

<u>CALL SIGN</u>	<u>FREQUENCY</u>
DMZ DUSTOFF	FM 43.20
North Radio	FM 35.00
Evenreach Radio	FM 36.25

c. **Camp Humphreys (Pyongtaek).** The 377th Medical Company is headquartered at A-511. Its flight operations, service platoon and flight platoon are co-located within the unit area. The 377th maintains one standby crew at A-511 co-located with the Unit Flight Operations.

(1) **Telephone requests.**

(a) DUSTOFF Flight Operations.	753-6680/6687/7879
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(b) Alternate through Desiderio Operations	753-7555/7742/7636
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(2) Radio requests.

<u>CALL SIGN</u>	<u>FREQUENCY</u>
DUSTOFF Central	FM 43.20
Desiderio Operations	FM 37.95
Desiderio Tower	FM 34.95
South Radio	FM 35.25

d. **Camp Walker (Taegu).** The 377th Medical Company maintains one standby crew at H-805 co-located with the DUSTOFF South Flight Operations.

(1) Telephone requests.

DUSTOFF South Flight Operations	764-5379/4227/5035
Alternate through 168th HSC TMC	764-4222/5803

(2) Radio requests.

***NOTE: THE PRIMARY MEANS OF REQUESTING MEDEVAC IS THROUGH TELEPHONIC COMMUNICATIONS. DUE TO LINE OF SITE LIMITATIONS, THE USE OF FM 43.20 FOR REQUESTING MEDEVAC MAY OR MAY NOT BE SUCCESSFUL. THE USE OF 43.20 FM IS FOR MEDEVAC REQUESTS ONLY. THE MEDEVAC AIRCRAFT NORMALLY WILL NOT MONITOR 43.20 FM DUE TO ADMINISTRATIVE REASONS, SUCH AS FLIGHT FOLLOWING. ONCE THE MEDEVAC AIRCRAFT ARRIVES AT THE PICKUP SITE, THE AIRCREW WILL CONTACT THE UNIT ON THE REQUESTING/SUPPORTED UNITS FREQUENCY, CALL SIGN AND SUFFIX.**

<u>CALL SIGN</u>	<u>FREQUENCY</u>
DUSTOFF South	FM 43.20

e. Additionally, units in remote areas may utilize Vanderbilt Net Radio Interface (NRI) facilities to request MEDEVAC. The network provides Korea-wide unclassified, non-secure access thru the FM radio to the 8th Army telephone system. To enter the Vanderbilt net, units should contact the position nearest their position utilizing the designated call sign listed below.

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f. The following NRI facilities have a primary FM frequency of 38.65 (39.65 alternate).

<u>STATION/LOCATION</u>	<u>CALL SIGN</u>
Seoul NRI/Namsan	Vanderbilt Alpha
Camp Page NRI/Chunchon	Vanderbilt Bravo
Madison NRI/Suwon	Vanderbilt Charlie
Humphreys NRI/Pyongtaek	Vanderbilt Echo
Chinhae NRI/Chinhae	Vanderbilt Foxtrot
Camp Carroll NRI/Taegu	Vanderbilt Hotel
Camp Walker NRI/Taegu	Vanderbilt India
Camp Hialeah NRI/Pusan	Vanderbilt Juliet
Camp Long NRI/Wonju	Vanderbilt Mike

A-2. PATIENT PRECEDENCE CATEGORIES.

a. The following patient categories establish priorities, in descending order, for evacuation:

(1) **URGENT.** Evacuation is required as soon as possible, but not later than 2 hours, to prevent loss of life, limb, or eyesight.

(2) **PRIORITY.** Evacuation is required within 4 hours or the patient's medical condition could deteriorate to an URGENT precedence.

(3) **ROUTINE.** Evacuation is required within 24 hours. (This category is normally accomplished by ground evacuation. See appendix B.)

b. Overclassification of a patient's category of precedence does not change the aeromedical evacuation crew's capability to fly in poor weather conditions or in violation of aviation and safety regulations.

c. Only URGENT or PRIORITY patients will be flown at night, except in the (RK) P-518 Tactical Zone of the northern ROK where only URGENT patients will be flown at night due to required clearances. Camps Casey and Red Cloud medical treatment facilities (MTFs) are authorized to have PRIORITY patients flown at night due to the Tactical Zone Exemption corridor.

A-3. PERSONNEL ACCOMPANYING PATIENTS.

a. Only those medical personnel with special expertise required for enroute patient care will be allowed to accompany the patient. However, if space is available and the physician so determines, one immediate family member may accompany the patient. The MEDEVAC crew will not be responsible for the return of the family member to the point of origin.

b. Under no circumstances will essential crew members be left behind in order to accommodate unnecessary medical attendants, family members, or excessive luggage.

c. The MEDEVAC crews will assist in returning the medical attendants to their point of origin when such transportation does not interfere with the conduct of aeromedical evacuation coverage. The following exceptions apply:

(1) When weather conditions prevent return or when the weather conditions only allow return to the MEDEVAC point of origin.

(2) If the accompanying medical attendant came from within the no-fly area near the demilitarized zone, the crew will not return that attendant due to non-emergency clearance requirements for corridor entry.

(3) If the accompanying medical attendant came from within the (RK) P-518 Tactical Zone (with the exception of the exemption corridor), the crew will not return that attendant at night due to non-emergency clearance requirements for night tactical zone clearance.

d. The medical officer is responsible for care administered enroute to the MTF. In the aircraft, the pilot in command may override the medical officers decision only if aircraft safety is in jeopardy.

A-4. EQUIPMENT EXCHANGE.

a. The MEDEVAC crews will exchange equipment with the sending unit to the extent that equipment is available on the aircraft.

b. The MEDEVAC crews will relay the equipment required for exchange through flight following agencies or to the receiving facility directly. Equipment will be exchanged with the facility or arrangements will be made for shortages to be corrected.

c. Medical equipment at all treatment or evacuation levels must be of standard military issue and maintained in serviceable condition. Routine exchange items include litters, litter straps, wool blankets, and short - and long - spine boards.

A-5. THE MTF RESPONSIBILITIES.

- a. Coordinate and obtain acceptance of the evacuated patient at the initial reception medical facility.
- b. Request evacuation support from the appropriate location.
- c. Prepare the patient for aeromedical evacuation. If the patient is on a litter, ensure that the patient is covered with the necessary blankets, and the patient, loose clothing, and equipment are secured to the litter with a minimum of two litter straps.
- d. Ensure that appropriate records and documents accompany the patient.
- e. Move the patient to the aircraft.
- f. All equipment, to include weapons, and load carrying equipment will be removed from the patient prior to evacuation.
- g. The patients protective mask will remain with the patient.

A-6. FIELD UNIT RESPONSIBILITIES.

- a. Request evacuation support from the MEDEVAC unit nearest the pickup site.
- b. Prepare the patient for aeromedical evacuation. Normally, this includes providing emergency medical treatment; putting the patient on a litter; covering the patient; and securing the patient, loose clothing, and equipment with a minimum of two litter straps.
- c. Attach a field medical card, if available.
- d. Prepare the pickup site.
- e. Movement of the patient to the aircraft is the requesting unit's responsibility.
- f. All equipment, to include weapons, and load carrying equipment will be removed from the patient prior to evacuation.

A-7. PROCEDURES AT THE LANDING SITE.

- a. Keep the landing site clear of all personnel and extraneous equipment.
- b. DO NOT – under any circumstances – approach the helicopter until it has landed and a crew member has signaled personnel forward.

c. Unnecessary personnel will not approach the aircraft, and all personnel will be cleared from the aircraft before its departure.

d. No smoking within 50 feet of the aircraft.

A-8. PATIENT LOADING AND UNLOADING.

a. When loading the UH-60A MEDEVAC aircraft, safety of the patient, litter bearers, and crew is of the utmost importance. The following procedures are to be enforced:

(1) Litter bearers will keep a low profile when approaching the helicopter, remembering to stay clear of all rotor blades. Litters will be carried parallel to the ground.

(2) Personnel will approach the aircraft at a 45 degree angle on either side of the front of the aircraft. **AT NO TIME WILL PERSONNEL APPROACH THE AIRCRAFT FROM THE REAR.**

(3) Personnel will approach the aircraft from the downhill side when the aircraft has landed on a sloped area.

(4) Litter bearers will always carry the patient on a litter parallel to the ground, head first, and at a brisk walk, never running.

(5) The senior ranking individual at the landing site is responsible for ensuring the safety procedures in subparagraphs A-8a(1) through (4) are strictly adhered to.

b. Litter bearers will adhere to the following procedures:

(1) Litters will be loaded on the aircraft under the supervision of either the aircraft flight medic or crew chief. The litter team will take all commands from the crew member during the loading and unloading sequence.

(2) When signaled by a member of the crew, the litter team will approach the helicopter as directed by the crew member.

(3) On the command, "Prepare to load, load", the front two litter bearers will place the litter in the runners on the carousel tray and step back. The back two litter bearers will then slide the litter onto the tray.

(4) After the first litter is loaded, the team will leave the aircraft together and follow the same procedure should there be additional patients.

c. The following precautions must be maintained while loading patients with special equipment:

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(1) Litter patients with intravenous fluids will NOT be loaded on the top tray.

(2) When a hoist is used in a MEDEVAC mission, GROUND personnel will not touch the forest penetrator or sked litter until it has reached the ground. This is to ensure that the static electricity buildup is discharged, preventing injury to ground personnel.

d. Unloading procedures will be the reverse of loading procedures, starting with the bottom patient.

A-9. THE MEDEVAC REQUEST FORMAT.

a. Line 1 - Location of the pickup site. The pickup site location should be as accurate as possible. If a pickup site is at a field location, six-digit grid coordinates preceded by the 100,000 meter grid zone designator are required.

b. Line 2 - Radio frequency, call sign, and suffix of the requesting unit.

c. Line 3 - Number of patients by precedence.

d. Line 4 - Special equipment required (if any).

e. Line 5 - Number of patients by type (litter or ambulatory).

f. Line 6 - Number and type of wound, injury, or illness.

g. Line 7 - Method of marking the pickup site. Possible choices are --

(1) Daytime --

(a) Marker panels. They should be bright enough to be seen at a distance. Panels must be securely anchored to the ground to ensure they do not interfere with the approach or landing of the aircraft.

(b) Pyrotechnic signal. Flares or star clusters will be used. Fire flares or star clusters well away from the path of the aircraft.

(c) Smoke. The color will be verified by the flight crew only after the smoke has been activated. Care should be taken to ensure prevailing wind does not obscure the landing site.

(d) Signal person. If personnel are used, ensure they are positioned so as to be in no danger from the aircraft rotor blades.

(e) Strips of fabric or parachute. If lightweight items are used, they must be secured so as not to be blown into the aircraft rotor blades.

(2) Nighttime --

(a) Vehicle lights. Vehicle will be placed well out of the flight path of the aircraft with lights into the wind so as not to blind pilots.

(b) Lights. Place lights in a "T" configuration, with the top of the "T" placed in the direction of landing or placed in an inverted "Y" in the direction of landing.

(c) Pyrotechnics. Pyrotechnics will not be used without first alerting the flight crew. The intense light may temporarily blind the crew thus delaying the landing and pickup.

(d) Night vision goggles compatible lighting such as infrared chemical lights sticks may be used if available.

h. Line 8 - Patient's nationality and status.

i. Line 9 - Terrain at the pickup site. The importance of this information cannot be overemphasized. This responsibility rests entirely with the requesting unit. Responsibilities are --

(1) Ensuring the tactical situation will permit evacuation.

(2) Selecting the pickup site, ensuring sufficient space is provided for the hovering and maneuvering of the helicopter during landing and takeoff.

(3) Marking the landing zone for pickup.

(4) Removing dangerous objects likely to be blown about by the rotor wash.

(5) Clearly marking obstacles that cannot be removed (antennas, cables, and so forth). If obstacles cannot be marked, advise the pilots of the obstacles by radio.

(6) Moving patients to the safest aircraft approach and departure paths.

(7) Marking friendly positions when armed escort is provided.

APPENDIX B

REQUEST FOR GROUND AMBULANCE EVACUATION

B-1. EMERGENCY GROUND EVACUATION SUPPORT. The MTF's organic to EUSA provide emergency ground evacuation support to USFK organizations by means of commercial or tactical ground ambulances. In addition, one U.S. Navy and four U.S. Air Force medical facilities provide emergency ground ambulance evacuation service. Ground evacuation can be requested by telephonically contacting the emergency room of the closest MTF.

<u>MEDICAL TREATMENT FACILITY</u>	<u>TELEPHONE NUMBER</u>
Camp Carroll (Waegwan)	765-7954/7956/7957
Camp Casey (Tongduchon)	730-6142/6143
Chinhae Naval Base (Chinhae) (U.S. Navy)	762-5415
Camp Colbern (Seoul)	722-4300/4030
Camp Edwards (Munsan)	734-5383/5365
Hialeah Compound (Pusan)	763-7601
Camp Humphreys (Pyongtaek)	753-8111
K-16 Seoul Air Base (Songnam)	741-6300
Kunsan Air Base (Kunsan) (U.S. Air Force)	782-4323/4333
Camp Long (Wonju)	721-3749
Osan Air Base (Osan) (U.S. Air Force)	784-2500
Camp Page (Chunchon)	721-5318
Camp Red Cloud (Uijongbu)	732-6928
Camp Stanley (Myong ga dae)	732-5313

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<u>MEDICAL TREATMENT FACILITY</u>	<u>TELEPHONE NUMBER</u>
Taegu (Taegu) (U.S. Air Force)	766-4616/4789
Camp Walker (Taegu)	764-4222
Yongsan (Seoul)	737-6132

B-2. PATIENT PRECEDENCE CATEGORIES. The following patient categories establish priorities, in descending order, for evacuation:

- a. **URGENT.** Evacuation is required as soon as possible, but not later than 2 hours, to prevent loss of life, limb, or eyesight.
- b. **PRIORITY.** Evacuation is required within 4 hours or the patients medical condition could deteriorate to an URGENT condition.
- c. **ROUTINE.** Evacuation is required within 24 hours (this category is normally accomplished by ground evacuation).

B-3. PERSONNEL ACCOMPANYING PATIENTS.

- a. Only those medical personnel with special expertise required for enroute patient care will be allowed to accompany the patient. However, if space is available and the physician so determines, family members may accompany the patient. The ambulance crew will not be responsible for return of family members to the point of origin.
- b. Under no circumstances will essential crew members be left behind in order to accommodate unnecessary medical attendants, family members, or excessive luggage.
- c. Ambulance crews will assist in returning medical attendants to their point of origin when such transportation does not interfere with the conduct of ground ambulance evacuation coverage. The following exceptions apply:
 - (1) When the road conditions, as reported by the local Military Police Desk, for the route are RED, the ambulance crew will not return the medical attendants to the point of origin due to the non-emergency status of the vehicle's operation.

B-4. EQUIPMENT EXCHANGE.

- a. Ambulance crews will exchange equipment with the sending unit to the extent that equipment is available on the ambulance.

b. Ambulance crews will relay the equipment required for exchange through follow-on missions or to the receiving facility directly. Equipment will be exchanged with the facility or arrangements will be made for shortages to be corrected.

c. Medical equipment at all treatment or evacuation levels must be of standard military issue and maintained in serviceable condition. Routine exchange items include litters, litter straps, wool medical blankets, and short - and - long spine boards.

B-5. REQUESTING ORGANIZATION RESPONSIBILITIES.

a. Request evacuation support from the appropriate location.

b. Prepare the patient for evacuation. Normally, this entails providing emergency medical treatment, putting the patient on a litter, covering the patient, and securing the patient and loose clothing or equipment with a minimum of two litter straps.

c. Attach a field medical card, if available.

d. All equipment, to include weapons, and load carrying equipment will be removed from the patient prior to evacuation.

e. The protective mask will remain with the patient.

B-6. PATIENT LOADING AND UNLOADING.

a. Patient loading and unloading will be accomplished only under the supervision of the ambulance crew. The litter team will take all commands from a crew member during a loading or unloading sequence. Safety of the patient is of utmost importance.

b. Litter bearers will always carry the patient on a litter parallel to the ground, head first, and at a brisk walk, never running.

c. After the first litter is loaded, the team will leave the ambulance together and follow the same procedures should there be additional patients.

B-7. GROUND AMBULANCE EVACUATION REQUEST FORMAT.

a. Line 1 - Location of the pickup site. The pickup site should be as accurate as possible. If the pickup site is at a field location, six-digit grid coordinates preceded by the 100,000 grid zone designator are required.

b. Line 2 - Radio frequency, call sign and suffix, or telephone number and point of contact.

c. Line 3 - Number of patients by precedence.

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- d. Line 4 - Special equipment required (if any).
- e. Line 5 - Number of patients by type (litter or ambulatory).
- f. Line 6 - Number and type of wound, injury, or illness.
- g. Line 7 - Not used.
- h. Line 8 - Patients nationality and status.
- i. Line 9 - Not used.

APPENDIX C

REQUEST FOR MEDICAL SUPPORT

C-1. MEDICAL SUPPORT REQUIREMENTS. Medical support requirements that exceed unit capabilities and are outside the MTFs patient catchment area will be forwarded through appropriate headquarters to the 18th MEDCOM, ATTN: DCSOPS, Unit #15281, APO AP 96205-0054. The request should be received not later than 45 working days before the support is required. Requests received later than the prescribed mission support planning window are subject to disapproval.

C-2. REQUEST FORMAT. The request must contain the following:

- a. Unit to be supported.
- b. Number of personnel supported.
- c. Type of event.
- d. Type of support required.
- e. Location (include six-digit grid coordinate and common name, if known).
- f. Date (s).
- g. Time (s).
- h. Name and telephone number of point of contact.
- i. Additional information required to assist the medical personnel in performing their duties.